



The Vermont Tobacco Evaluation and Review Board

**Annual Report
January 15, 2010**

Prepared for:

- **Governor James H. Douglas**
- **The Vermont General Assembly**

The Vermont Tobacco Evaluation and Review Board is an independent state board created to work in partnership with the Agency of Human Services and the Department of Health in establishing the annual budget, program criteria and policy development, and review and evaluation of the tobacco prevention and treatment programs. 18 V.S.A. § 9504

Vermont Tobacco Evaluation and Review Board Members

Brian S. Flynn, ScD
Chair 2008- 2010
University of Vermont
Counter marketing expert
Appointed by the Governor
Term expires: 2010

Theodore Marcy, MD, MPH
Vice-Chair
University of Vermont
Tobacco use researcher
Appointed by the Governor
Term expires: 2010

Gregory MacDonald, MD
Berlin
Health care community representative
Appointed by the Governor
Term expires: 2012

Senator Matthew Choate
St. Johnsbury
Vermont Senate
Appointed by Senate Committee on Committees
Term expires: 2011

Edna Fairbanks Williams
Fairhaven
Low income community representative
Appointed by Senate Committee on Committees
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Teresa Leyro
Burlington
Person under age 30
Appointed by Senate Committee on Committees
Term expires: 2011

Representative Bill Frank
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Vermont House of Representatives
Appointed by Speaker of the House
Term expires: 2011

Amy Brewer
Williston
Non-profit anti-tobacco organization
Appointed by the Speaker of the House
Term expires: 2012

Travis Todd
Burlington
Person under age 30
Appointed by Speaker of the House
Term expires: 2012

Ex officio Members:
Wendy Davis, MD; Commissioner of Health
Armando Vilaseca; Commissioner of Education
Michael J. Hogan; Commissioner of Liquor Control
William H. Sorrell; Vermont Attorney General

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Executive Summary

Tobacco use imposes a significant health and economic burden on Vermont. Each year, an estimated 830 Vermonters die as a result of smoking, resulting in 10,981 years of potential life lost. The smoking-related health care costs and lost productivity in Vermont add up to over \$434 million each year.

This significant public health burden can be reduced with evidence-based tobacco control program and policy interventions. Strong evidence shows that state tobacco control program expenditures save money over time.

Vermont smoking rates among youth and adults are lower than the national average. These rates have declined faster in Vermont since the initiation of Vermont's comprehensive tobacco control program in 2001. The prevalence of smoking among Vermont youth has been reduced nearly to the 2010 goal of 15%. In recent years, smokers' interest in quitting, and the percentage of adult smokers making quit attempts, have increased. The current adult smoking rate of 17% is significantly lower than the 2001 rate. Vermont has, however, fallen short of its 2010 goal of an adult smoking rate of 11%.

An increasing percentage of Vermonters are protecting their children and other non-smokers by prohibiting smoking in their homes and vehicles. As a result, the harmful exposure to secondhand smoke in homes and vehicles has declined considerably. In Vermont, key factors that have contributed to these and other positive outcomes include:

- A comprehensive set of programs supporting smoking prevention and cessation;
- Above national average cigarette excise taxes; and
- Comprehensive statewide smoke-free air laws

FY2011 Budget Recommendations for Tobacco Control Programs

Vermont's Tobacco Control Program has been funded by the annual payments made by tobacco companies under the Master Settlement Agreement. This year, the Tobacco Evaluation and Review Board and its committees have carefully reviewed the comprehensive tobacco control program to identify ways the program could adapt to spending reductions necessitated by the State's fiscal stresses.

Based on this review, the Vermont Tobacco Evaluation and Review Board recommends FY2011 appropriations of \$4.4 million from Master Settlement Agreement payments to support a streamlined tobacco control program. This represents reductions of about 15% from FY2009 and about 8% from current (FY2010) appropriations. This appropriation is about 11% of the \$40 million annual payment Vermont now receives from the Master Settlement Agreement.

Sustaining our tobacco control investments will extend life-saving benefits for our citizens and substantial health care cost savings. The success of Vermont's efforts to reduce chronic disease costs depends, to a considerable extent, on continued success in reduction of cigarette smoking. Achieving further cigarette smoking reductions is clearly related to level of investment in this program.

Vermont Tobacco Control Program Outcomes

Long-Term Goals and Strategy

The Vermont Tobacco Control Program was created in FY2001 to address the serious problem of cigarette smoking through a research-based, comprehensive program. Vermont's program incorporates key components of successful statewide programs identified by the Centers for Disease Control and Prevention (CDC). The goals adopted in 2001 were:

- To reduce the prevalence of smoking among **Vermont adults** from a rate of 22% in 2000 to a rate of 11% in 2010
- To reduce the prevalence of smoking among **Vermont youth** from a rate of 31% in 1999 to a rate of 15% in 2010
- To reduce the exposure of **all Vermonters** to secondhand smoke

To achieve these goals, the Vermont Tobacco Control Program (VTCP) incorporates several key CDC-recommended components, implemented by the Department of Health, Department of Education, and the Department of Liquor Control:

- **Tobacco-free communities:** The Vermont Department of Health funds community coalitions and implements a youth coalition program to promote participation in smoking cessation programs, especially among high-risk groups, support youth to reject tobacco use, and support a community environment where smoking is not the norm. Twenty community coalition grantees were funded in FY2010. Vermont Kids Against Tobacco (VKAT) and Our Voices Exposed (OVX) are middle & high school anti-tobacco groups funded through mini-grants offered by the CDC.
- **Tobacco-free schools:** The Department of Education uses Master Settlement Agreement funds to coordinate a comprehensive school-based tobacco prevention program to reduce tobacco initiation and use by youth and help create school environments where no tobacco use is the norm. Grants are available, through the Department, to all Local Education Agencies in Vermont. The funds support implementation of research-based prevention curriculum and cessation programs, policy communication and enforcement, and family and community linkages to the program. The Department also supports the work of VKAT and OVX.
- **Helping smokers quit:** The Vermont Department of Health supports multiple activities aimed at helping smokers quit. The Vermont Quit Network program makes cessation services such as counseling and cessation classes, available and easily accessible to anyone who is ready to quit. Free or discounted Nicotine Replacement Therapies (NRT) such as patches, lozenges, or gum is available to smokers enrolled in any of the Quit Network programs. The Department of Health partners with multiple organizations to offer these services free of charge to all Vermonters:
 - “Quit by Phone”: free telephone counseling (Free & Clear, Inc.)
 - “Quit in Person”: free counseling at 13 hospitals (Fletcher Allen Health Care)

- “Quit Online”: free interactive, secure website that provides individual smoking cessation plans, information about quitting and Vermont smoking cessation services (Healthways, Inc.)
- Not-On-Tobacco Program: teen smoking cessation (American Lung Association of VT).
- **Health care provider training:** The Vermont Department of Health has provided training to health care providers to encourage them to provide their patients with information about cessation and cessation assistance. The program’s partners are actively engaged in discussions about the Vermont Blue Print for Health initiative to include smoking cessation resources to health care providers.
- **Media and public education:** The Vermont Department of Health, in partnership with Kelliher Samets Volk, has implemented a series of wide-ranging and effective media campaigns to counter the marketing efforts of the tobacco industry and to educate the public. These messages promote available resources for cessation, correct misperceptions about smoking among youth, and increase knowledge of the health effects of exposure to secondhand smoke.
- **Enforcement of laws:** Federal law requires that states conduct retailer compliance checks to determine the rate of illegal tobacco sales to minors, and set an annual goal to reach 80% compliance. In 1997, Vermont set a higher standard of 90% compliance by retailers. The Department of Liquor Control enforces the laws against sales of tobacco to minors, conducts retailer compliance checks on randomly selected tobacco licensees, conducts training of retailers, and maintains training and compliance databases to monitor results. The Governor’s Youth Leadership Conference, hosted by DLC, includes various tobacco related topics.
- **Surveillance and evaluation:** The Vermont Tobacco Evaluation and Review Board oversees a comprehensive evaluation of the overall program and its individual components in collaboration with the Department of Health and an independent evaluation contractor, RTI International.

The Vermont Tobacco Control Program is funded with Master Settlement Agreement (MSA) funds appropriated to the following:

- **Department of Health (VDH):** community coalitions, smoking cessation services, statewide provider education, surveillance, media, and public education
- **Department of Education (DOE):** school-based tobacco use prevention program
- **Department of Liquor Control (DLC):** enforcement and training programs to educate retailers about tobacco sales laws and conduct compliance checks to assess adherence to the laws
- **Vermont Tobacco Evaluation & Review Board (VTERB):** oversees the independent evaluation of the program, reviews and approves media campaigns, reviews community coalition applications and recommends grants to fund, holds annual public meetings, provides annual recommendations for program funding, reviews program components and recommends strategies for increased collaboration.

Outcomes: Youth Smoking

Tobacco Control Program Goal	Results
Reduce the prevalence of smoking among Vermont youth from a rate of 31% in 1999 to 15% in 2010.	The prevalence of smoking among students in grades 8 through 12 in Vermont has declined from 31% in 1999 to 16% in 2009. <i>(Data Source: Vermont Youth Health Survey)</i>
2008 & 2009 Work Plan Objectives	Results
Decrease the proportion of middle school youth who think that most high school students smoke, from 27% in 2006 to 20% in 2008.	The percentage of middle school students who think that more than 55% of high school students smoke decreased from 28% in 2006 to 16% in 2008. <i>(Data Source: Vermont Youth Health Survey)</i>
Increase the percentage of students who complete the N-O-T (Not On Tobacco) teen smoking cessation program from 76% in FY 2006 to 82% in FY 2008.	The percentage of students who completed the N-O-T program was 74% in FY 2009. <i>(Data Source: Vermont Department of Health)</i>
Increase the membership in high school-based peer leadership prevention programs, including Our Voices Xposed (OVX) and Vermont Teen Leadership Safety Program (VTLSP)/Students Against Destructive Decisions (SADD), by converting 20% of Vermont Kids Against Tobacco (VKAT) members per year.	Total membership in the OVX program declined by nearly 48% from 142 in FY 2008 to 74 in FY 2009. <i>(Data Source: Vermont Department of Health) Note: Data for VTLSP and SADD were unavailable at the time of publication.</i>
By FY 2009, the Department of Education will have provided 100% of funded local education agencies (LEAs) with the tools and training to communicate and enforce model tobacco-free policies.	The Department of Education provided training to all funded LEAs in spring 2009 and resources and tools were made available in late 2009. <i>(Data Source: Vermont Department of Education)</i>
By the end of FY 2008, 100% of LEA grantees will implement at least one common theme campaign.	During FY 2008, 93% of funded LEAs implemented at least one common theme campaign. <i>(Data Source: Vermont Department of Education School-Based Tobacco Prevention Database)</i>

Outcomes: Adult Smoking

Tobacco Control Program Goal	Results
Reduce the prevalence of smoking among Vermont adults from a rate of 22% in 2000 to a rate of 11% in 2010.	The prevalence of smoking among Vermont adults was 17% in 2008. <i>(Data Source: Vermont Behavioral Risk Factor Surveillance System)</i>
2008 & 2009 Work Plan Objectives	Results
Increase the percentage of adult smokers and recent quitters who have made a quit attempt in the past 12 months from 53% in 2006 to 60% in 2009.	The percentage of adult smokers and recent quitters who made a quit attempt in the past 12 months increased from 53% in 2006 to 62% in 2008. <i>(Data Source: Vermont Adult Tobacco Survey)</i>
Increase the percentage of smokers who use nicotine replacement therapy to quit from 45% in 2006 to 55% in 2009.	The percentage of smokers who have ever used NRT or other cessation medications to quit was 58% in 2008. <i>(Data Source: Vermont Adult Tobacco Survey) Note: The 2008 survey question grouped responses for NRT use with other cessation medication use.</i>
Increase the percentage of adult current smokers who have used the Vermont Quit Line or Quit in Person program as part of their quit attempt in the past 12 months from 17% in 2006 to 18% in 2009.	The percentage of current adult smokers who used the Quit Line or Quit in Person program as part of their quit attempt in the past 12 months increased from 17% in 2006 to 22% in 2008. <i>(Data Source: Vermont Adult Tobacco Survey)</i>
Increase the awareness of at least one Vermont smoking cessation service ad among lower-education-level adults from 76% in 2006 to 80% by 2008.	The percentage of Vermont adults with less than a high school education who reported aided awareness of at least one cessation ad was 87% in 2008. <i>(Data Source: Vermont Adult Tobacco Survey)</i>

Outcomes: Exposure to Secondhand Smoke

2008 & 2009 Work Plan Objectives	Results
Increase the proportion of smokers who believe that breathing smoke from other people's cigarettes is very harmful from 49% in 2006 to 55% in 2008.	The percentage of smokers who believe that breathing smoke from other people's cigarettes is very harmful remained at 49% in 2008. <i>(Data Source: Vermont Adult Tobacco Survey)</i>
Increase the percentage of smokers with children who prohibit smoking in their home from 63% in 2006 to 66% in 2008.	The percentage of smokers with children who prohibit smoking in their home increased from 63% in 2006 to 66% in 2008. <i>(Data Source: Vermont Adult Tobacco Survey)</i>
Increase the percentage of smokers with children who prohibit smoking in their car when children are present from 70% in 2006 to 74% in 2008.	The percentage of smokers with children who prohibit smoking in their car when children are present increased from 70% in 2006 to 75% in 2008. <i>(Data Source: Vermont Adult Tobacco Survey)</i>
During FY 2009, coalitions will increase, by no less than two, the number of local policies in their communities that prohibit smoking at workplaces, around building entrances, in park, and in other outdoor public spaces.	At the end of FY 2009, 80% of all funded coalitions were in the process of increasing the number of local policies by at least two, and 35% had successfully increased the number of local policies by two or more. <i>(Data Source: Vermont Department of Health)</i>

Results of the Independent Program Evaluation - Introduction

The Vermont Tobacco Evaluation and Review Board (VTERB) establishes jointly with the Department of Health an application process and criteria for an independent evaluation contractor. The board selects the contractor and oversees the contractor's evaluation of the Vermont Tobacco Control Program (VTCP). RTI International (RTI) currently serves as the independent evaluation contractor.

In their Annual Report, RTI assesses program progress by examining trends in key programmatic and outcome indicators in Vermont over time and in comparison with national data. By comparing key indicators in Vermont and the United States as a whole, the report illustrates how Vermont's outcomes compare with other states' experiences. RTI examines changes over time in short-, intermediate-, and longer-term outcomes that relate to stated VTCP goals and objectives. The full RTI report can be found on the Board's website:

<http://humanservices.vermont.gov/boards-committees/tobacco-board>

The following pages summarize assessments of the Vermont Tobacco Control Program components contained within RTI's 2009 Annual Report. This section has been edited for length and reviewed by RTI for accuracy. The statements do not necessarily convey VTERB policies or recommendations.

Independent Evaluation of the Vermont Tobacco Control Program 2009 (RTI International)

Community-based Programs

The Centers for Disease Control and Prevention's (CDC's) *Best Practices* calls for community-based programs focused on approaches that have the greatest span of influence, specifically policy and regulatory approaches. Based on our understanding of VTCP's coalition activities, we believe that the Vermont coalitions are well-integrated in their communities and have successfully developed broad-based coalitions with like-minded organizations in the community. This approach puts the coalitions in the position to effectively advocate for policy changes within their communities.

As a recommendation for improvement, we believe that there should be a greater emphasis on advocating for policy changes (e.g., media advocacy, educating policy makers) and less of a focus on broad-based community education. In addition, we encourage community coalitions to continue to decrease their efforts on youth prevention-focused programs. Many policy initiatives will likely benefit both youth and adults (e.g., limits on point-of-sale advertising) but given Vermont's success in reducing its youth smoking rates, we recommend increasing emphasis on adults.

We note that only one of the four programmatic objectives for the community coalitions focuses on concrete policy objectives. We recommend increased measurable policy objectives. In addition, we recommend tracking the percentage of the state population covered by a policy as a more meaningful measure of potential impact (not just the number of policies). With the passage of the Family Smoking Prevention and Tobacco Control Act of 2009 that gives the Food and Drug Administration authority over tobacco, there will be increased opportunities at the state level to pass laws and ordinances that restrict the sale and advertising of tobacco. Therefore, it is important for VTCP to invest in planning and training of community coalitions to take advantage of these opportunities as they become clearer in the coming months and years.

We recognize that advocacy for policy changes is substantially more challenging than community education, but we feel that community education can largely be done more effectively and cost-effectively with mass media efforts. That said, we encourage the Program to continue to coordinate statewide media campaigns with community-based efforts.

Cessation Programs

Vermont's cessation programs have seen success in lowering smoking prevalence rates. In addition to Vermont's stated programmatic goals and objectives for cessation, we recommend adding a goal for the percentage of Vermont smokers who have made a quit attempt in the past year. Given the relatively high rate of quit attempts in Vermont compared to the national average, an appropriate goal may be to maintain the current high level. With respect to adult cessation the VTCP has a comprehensive and complementary

suite of cessation programs with quit in person, quit by phone, and quit online. In considering the needs of the cessation program, the critical questions have more to do with striking the most cost-effective mix of services rather than the need to add additional programs. The available evaluation data suggests that the effectiveness of quit by phone and quit in person may be similar. However, the cost per client for quit in person (\$568) is more than four times that of quit by phone (\$130). Although these programs serve different types of smokers with different services, we recommend exploring ways to offer quit in person services more efficiently reducing the significant cost differences. In addition, both of these programs offer up to 8 weeks of free NRT. Emerging data from New York State suggests that fewer weeks of NRT may be more cost-effective. Therefore VTCP's recent decision to reduce the amount of NRT provided in FY 2010 was a reasonable cost-cutting strategy.

Public Health Marketing

As measured by the Vermont ATS, confirmed awareness of specific media messages among Vermonters has not surpassed 40% and has begun to decline in recent years. However, the timing of the ATS and Vermont's media campaigns have not typically coincided well and the resulting confirmed awareness data may understate Vermonters' awareness of media messages. In FY 2009, the VTCP launched the *Your Quit, Your Way* cessation media campaign which was targeted at reaching independent quitters as well as promoting the services offered by the Vermont Quit Network. Data from the campaign indicates that it was successful at driving Vermonters to use the Quit Network services. This campaign represents a shift in VTCP thinking about the role of media in promoting cessation. Historically, cessation media has been focused primarily on driving calls to the Quitline. This campaign acknowledges that most smokers will not use any of the Quit Network services and aims to promote smoking cessation more broadly. We believe this is a productive change in strategy.

Since the program began in 2001, there have been significant decreases in the percentage of Vermont middle school students who believe that more than 55% of Vermont high school students smoke. The change in the perceived prevalence of smoking among Vermont youth suggests that the "8 out of 10" campaign has been successful at correcting misperceptions of youth tobacco prevalence among Vermont youth. It is also possible that that "8 out of 10" campaign has had an impact on youth smoking and been a contributing factor associated with the dramatic declines in youth smoking in Vermont.

We recommend continued investment in public health marketing as a cost-effective means of improving cessation, prevention, and reductions in second-hand smoke exposure.

School-based Initiatives

Vermont's programmatic objectives for the school-based initiatives appear to be comprehensive and appropriate. A recent review of the effectiveness of school-based tobacco prevention education concludes that school-based smoking prevention programs can have significant long-term effects if they are interactive social influences or social skills programs that involve 15 or more sessions. Given that the combination of state and federal laws prohibit tobacco use in schools and on school grounds and student tobacco use

at school-sponsored functions, the existing policies cover the most essential elements of a comprehensive tobacco-free policy. The Department of Education should continue to focus on effective implementation of appropriate tobacco prevention education curricula. An additional component of the school-based initiatives includes allocating DOE funding to address the goal of involving families and communities in supporting school-based tobacco prevention initiatives. This is largely accomplished through partnering with community coalitions and supporting community-based activities conducted by Vermont's youth coalitions. More data on how DOE grant funds are allocated to Local Education Agencies may be needed so that the VTCP can evaluate the distribution of DOE funds across initiatives.

Youth Access Law Enforcement

Enforcement of youth access laws is controversial in tobacco control. Although higher rates of tobacco retailer compliance with youth access laws increases the chances that a youth is asked to show proof of age and refused a sale, it is not clear that it is associated with reduced youth smoking. This is plausible as most youth obtain cigarettes through social sources. Despite these mixed findings, 6% of the FY 2010 VTCP budget is dedicated to youth access enforcement. There exist alternative strategies to reduce youth access to cigarettes that do not involve increased resources for enforcement. These include higher fees for tobacco licenses to reduce the number of tobacco retailers. In addition, Vermont could increase the penalties for noncompliance as higher fees have been shown to be associated with higher compliance rates. These strategies could be implemented in such a way to increase or maintain the current statewide compliance rate while reducing resources dedicated to enforcement.

Vermont Tobacco Evaluation and Review Board Budget Recommendation

Total FY2010 Appropriation: \$4,805,039
Total FY2011 Recommendation: \$4,400,000

Department of Health

FY2010 Appropriation: \$3,196,507 FY2011 Recommendation: \$3,067,620

Tobacco Cessation Programs

Provides nicotine replacement therapy and free quit smoking programs in-person, by telephone, and on the internet.

Community-Based Programs

Community coalitions provide prevention, cessation, and messaging activities for youth and adults geographically across the state.

Tobacco Reduction Marketing and Public Education

Provides state and local communication campaigns to help youth avoid smoking, help smokers to quit, and reduce exposure to second-hand smoke.

Surveillance

Administration of the Adult Tobacco Survey required for program evaluation.

Department of Education

FY2010 Appropriation: \$988,917 FY2011 Recommendation: \$838,466

Grants and Technical Assistance

Provides grants and technical assistance to Local Educational Agencies to implement model tobacco prevention programs.

Department of Liquor Control

FY2010 Appropriation: \$296,306 FY2011 Recommendation: \$243,914

Retailer Training and Compliance Checks

Provides training to retail tobacco licensees and their employees and implements compliance checks for underage tobacco sales as required by statute.

Tobacco Evaluation and Review Board (AHS Central Office)

FY2010 Appropriation: \$323,309 FY2011 Recommendation: \$250,000

Board Support

Continue funding one full-time staff and additional administrative support, and meeting expenses for staff and board members, as directed by statute.

Independent Evaluation Contract

Continue independent program evaluation as mandated by statute.

Vermont Tobacco Evaluation and Review Board
Tobacco Control Program components that would be preserved, restructured, or eliminated given a funding level of \$4.4M for FY2011.

Department of Health
FY2011 Recommendation: \$3,067,620

Preserved: The Department will continue to implement smoking cessation treatment, community coalition grants, public education, and surveillance activities.

Restructured, Reduced or Eliminated:

- Eliminate healthcare provider cessation counseling education.
- Eliminate one-on-one in-person cessation counseling.
- Eliminate funds for teen cessation programs in high schools.
- Reduce the amount of Nicotine Replacement Therapy (nicotine gum, patches, and lozenges) available to those trying to quit smoking.
- Reduce the number of smokers supported with cessation counseling.
- Reduce the number of grants, the amount of each grant, and number of tobacco control activities conducted by community coalitions.
- Reduce visibility and reach of strategic messages that promote prevention and cessation among youth and adults.

Department of Education
FY2011 Recommendation: \$838,466

Preserved: The Department will continue to support the school-based tobacco use prevention program goals of prevention curriculum and cessation efforts, policy communication and enforcement, and family and community linkages to the program.

Restructured, Reduced or Eliminated:

- Decrease education, prevention, and intervention services available to Vermont schools (including position cuts).
- Reduce statewide professional development and curriculum training for prevention educators.
- Reduce prevention education in the classroom and availability of peer leadership and cessation activities in schools through the creation of a new granting structure.

Department of Liquor Control
FY2011 Recommendation: \$243,914

Preserved: The Department will continue to conduct the compliance checks and provide retailer training for those who sell tobacco. The number of compliance checks would remain the same.

Restructured, Reduced or Eliminated:

- Eliminate one trainer position within the Education Division.
- Reduce retailer trainings by one-third. 3,882 tobacco and alcohol servers and sellers would have to be trained by their employers, placing a burden upon businesses.
- Possible decrease of retailer compliance rates (for not selling tobacco to a minor), currently at the 90% compliance rate mandated by state statute.

Appendix I: Financial Accounts

Financial Account: VTERB

July 1, 2009 - December 31, 2009	
Expenditure	Sum Amount
Exempt	\$29,790.40
FICA - Exempt	\$2,185.18
Health Ins - Exempt	\$4,903.92
Retirement - Exempt	\$2,412.99
Dental - Exempt	\$297.96
Life Ins - Exempt	\$123.86
LTD - Exempt	\$75.99
EAP - Exempt	\$13.91
Per Diem	\$1,213.00
Other Contr and 3rd Pty Serv	\$33,738.73
Other Contr and 3rd Pty Serv	\$62,282.21
Fee For Space Charge	\$3,018.72
Insurance other than Empl Bene	\$150.00
Telecom-Telephone Service	\$128.93
Telecom-Wireless Phone Service	\$320.53
Advertising - Print	\$186.10
Printing & Binding-BGS Copy Ct	\$128.10
Postage-BGS Postal Svcs Only	\$86.69
Travel-Inst-Auto Mileage-Emp	\$128.70
Travel-Inst-Auto Mileage-Emp	\$1,226.15
Travel-Inst-Other Transp-Emp	\$10.00
Travel-Inst-Meals-Emp	\$319.50
Travel-Inst-Incidentals-Emp	\$3.00
Travel-Inst-Incidentals-Emp	\$7.00
Travel-Inst-Auto Mileage-Nonemp	\$442.75
Travel-Inst-Meals-Nonemp	\$94.50
Travel-Outst-Other Trans-Emp	\$13.00
Travel-Outst-Meals-Emp	\$64.00
Travel-Outst-Lodging-Emp	\$215.56
Travel-Outst-Incidentals-Emp	\$61.36
Office Supplies	\$53.86
Hardware-Telephone Syst/Equip	\$234.93
Total	\$143,931.53

Financial Account: Vermont Department of Health

FUND SOURCE	DESCRIPTION	FY 10 APPROPRIATION
CDC	Tobacco Control (March 29, 2009 - March 28, 2010)	\$1,140,226
MSA	Tobacco Settlement (July 1, 2009 - June 30, 2010)	\$3,196,507
	TOTAL FEDERAL AWARD & STATE APPROPRIATION	\$4,336,733

FUND SOURCE	DETAIL BY PROGRAM		Grant and Contract Allocation	Grant and Contract Year to Date Expenditure
CDC	Tobacco Control Program	Contracts	\$9,500	\$9,500
		Grants	\$78,000	\$3,550
MSA	Tobacco Community-Based	Grants	\$771,400	\$385,563
MSA	Tobacco Countermarketing	Contracts	\$1,057,500	\$86,145
MSA	Tobacco Cessation	Contracts	\$813,050	\$136,989
		Grants	\$358,470	\$213,783
MSA	Tobacco Surveillance & Evaluation	Contracts	\$0	\$0
TOTAL			\$3,087,920	\$835,530

CDC= The Centers for Disease Control and Prevention Cooperative Agreement Award is used for grants to 51 Vermont Kids against Tobacco and 10 Our Voice Xposed youth coalitions. Other expenses cover salary, fringe, and operating expenses for the Health Department Tobacco Control Program

MSA= The Master Settlement Agreement funds grants to 20 tobacco community coalitions, 13 hospitals and American Lung Association. Contracts were executed to 3 cessation providers and 1 countermarketing firm. Includes MSA funds (\$1.5 million) transferred from the Tobacco Trust Fund for FY2010.

Financial Account: Vermont Department of Education

July 1, 2009 - December 31, 2009	
Expenditure	Sum Amount
Personal Services	\$49,350.24
Operating Expenses	\$23,389.67
Grants	\$216,499.85
Total	\$289,239.76

Financial Account: Vermont Department of Liquor Control

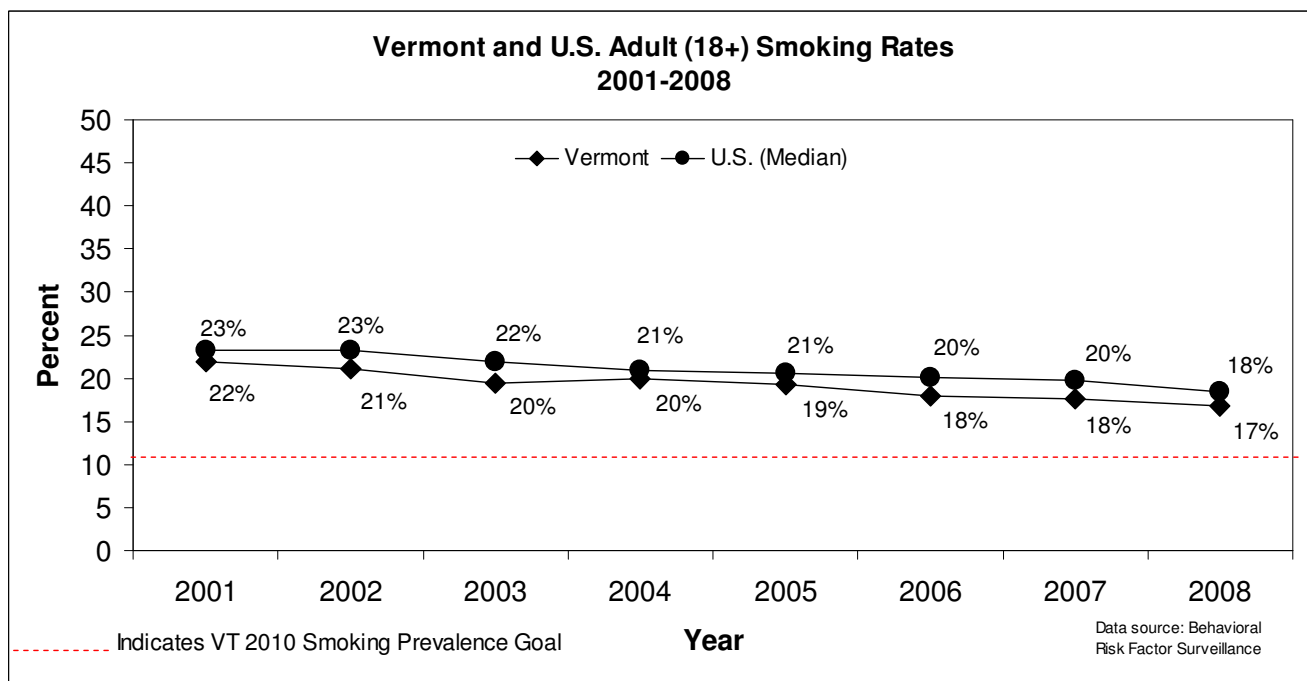
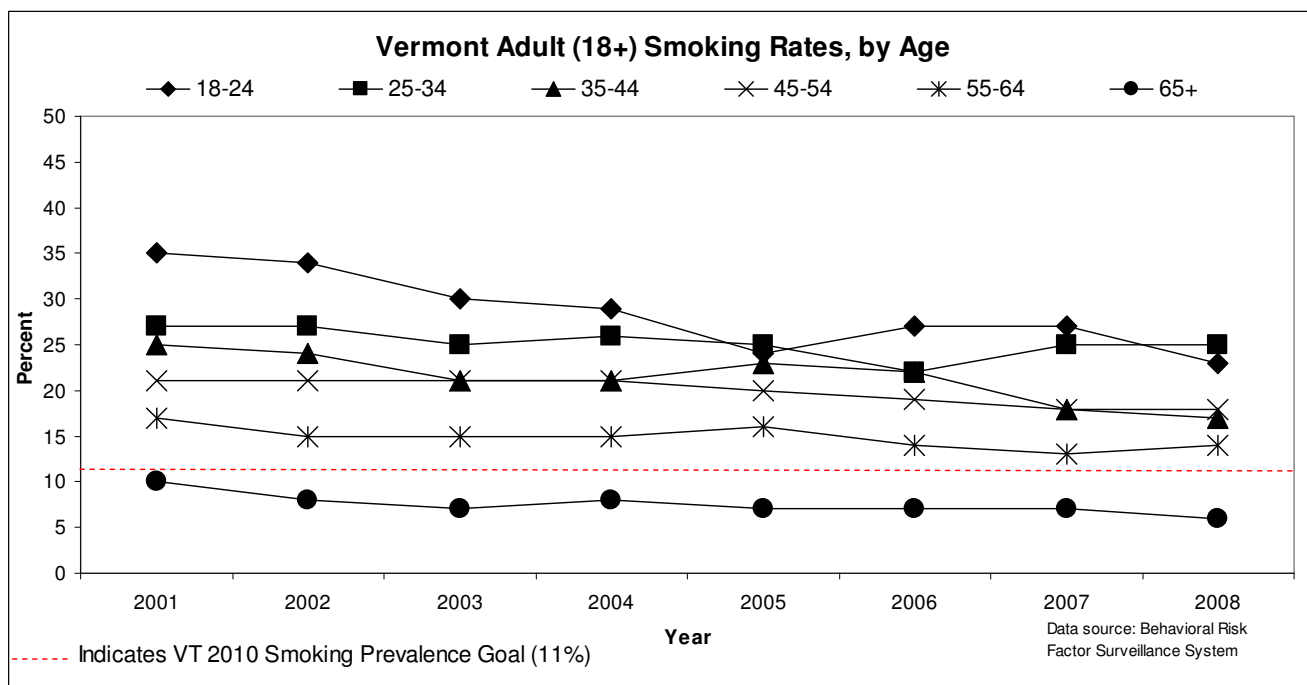
July 1, 2009 - December 31, 2009			
Expenditure			Sum Amount
Education	Personal Services	\$142,510.23	
	Operating Expenses	\$16,161.76	
	Total		\$158,671.99
Tobacco Compliance	Personal Services	\$7,187.35	
	Operating Expenses	\$3,343.08	
	Total		\$10,530.43
Total			\$169,202.42

Appendix 2: Conflict of Interest Policy

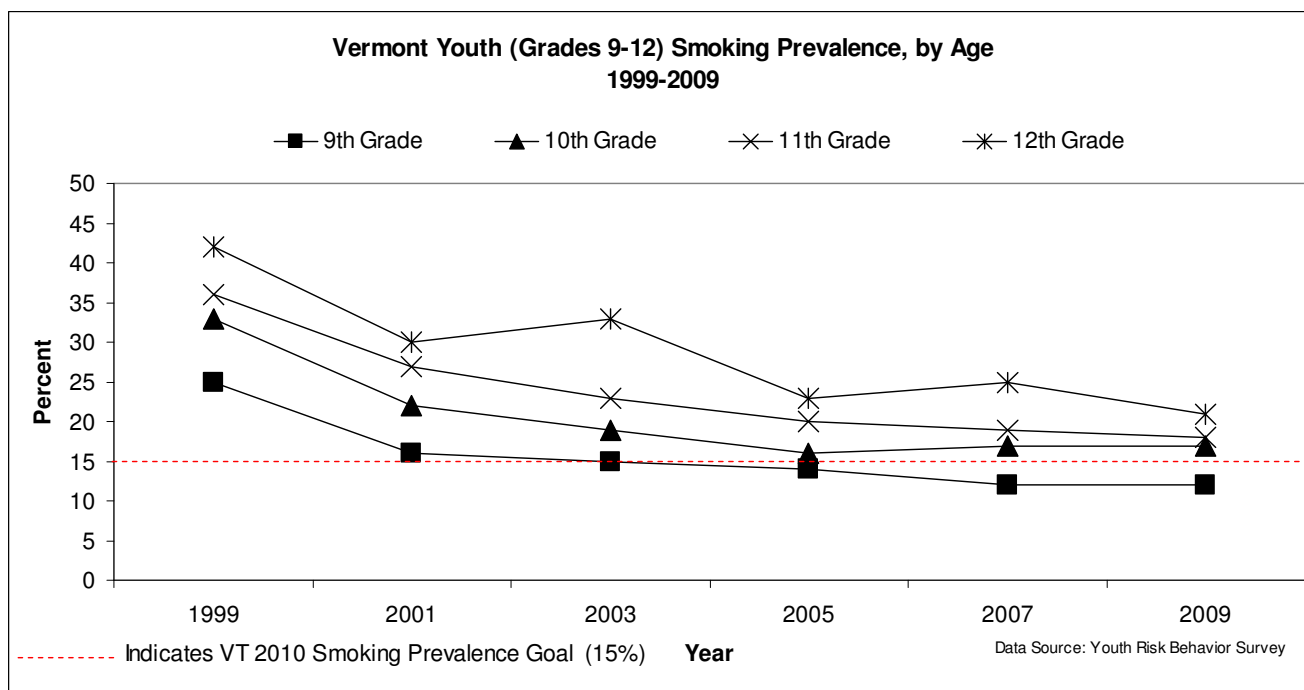
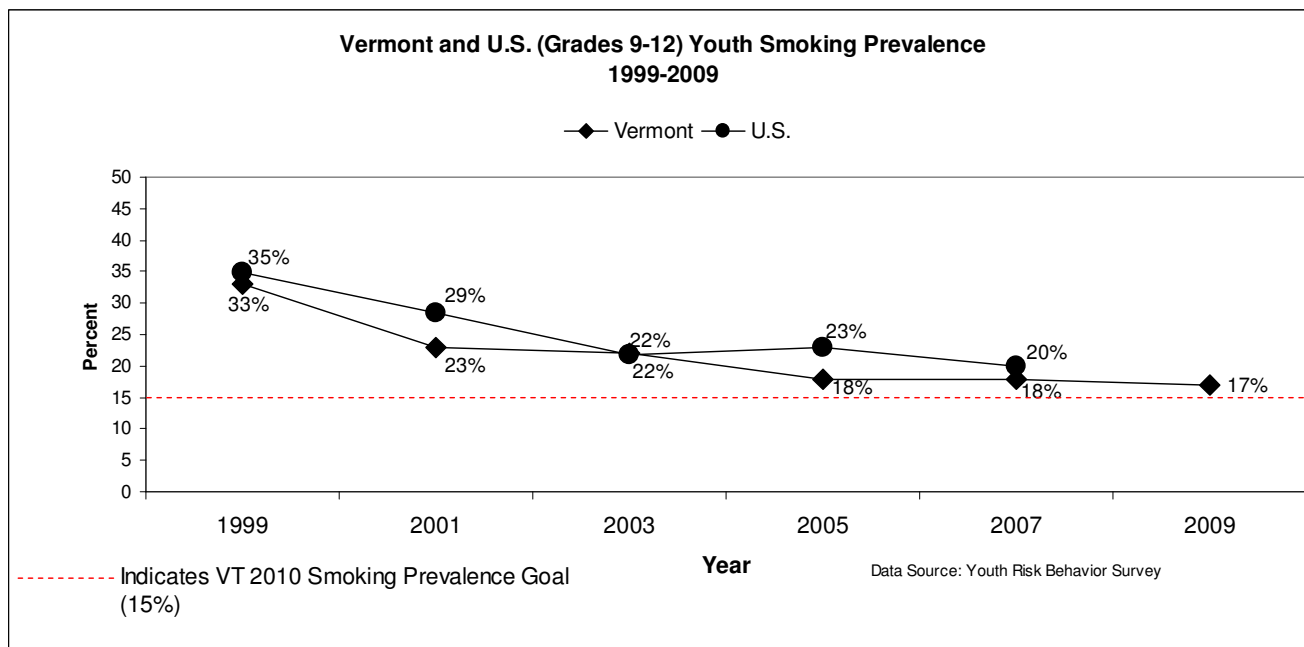
The legislation creating the Vermont Tobacco Evaluation and Review Board prohibits Board members from having affiliations with any tobacco company, and requires members to file conflict of interest statements. The Board opted in August 2000, for convenience, to use the general Code of Ethics developed by the Executive Department for gubernatorial appointments to state boards. Board members also sign an additional form providing certification of non-affiliation with any tobacco company. Board members, as required by statute, certify that they have no direct or knowing affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent company.

Appendix 3: Smoking Rates in Vermont

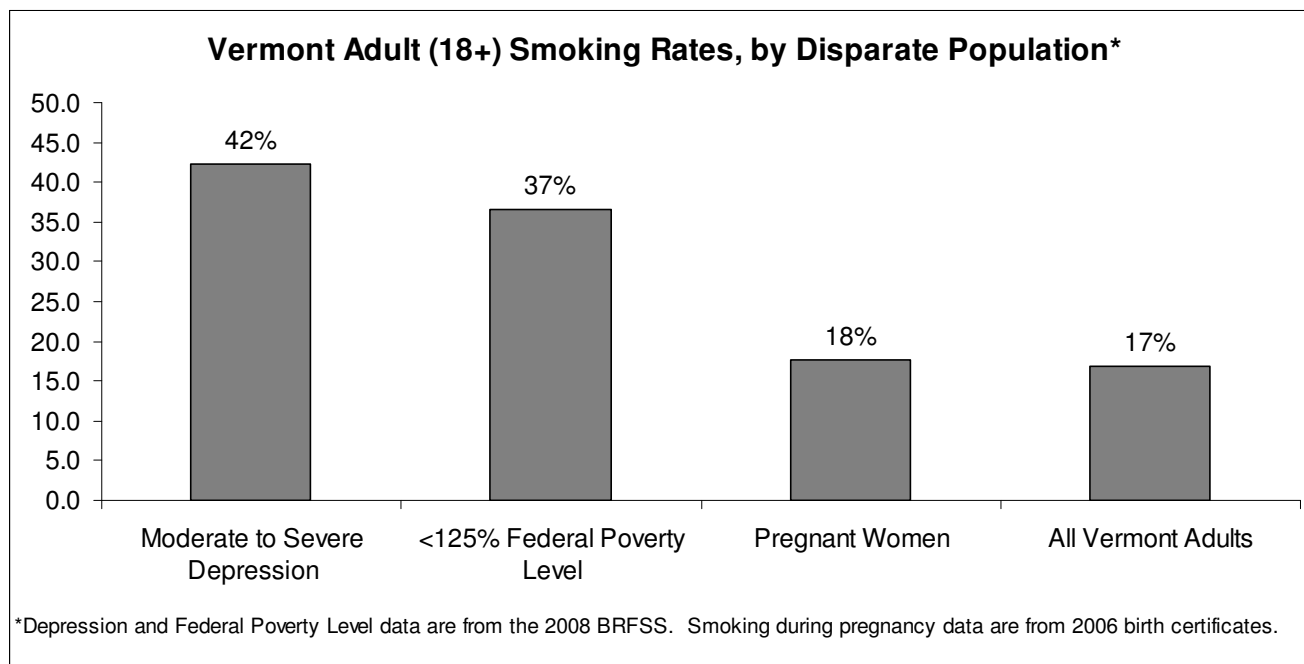
Adults



Youth



Special Vermont Populations



Vermont Tobacco Evaluation and Review Board

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